(c) whether Government propose to take any steps for the proper treatment of cancer patients and also for eradicating oral cancer; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) According to the five urban population based Cancer Registries (Mumbai, Bangalore, Madras, Delhi and Bhopal), functioning under National Cancer Registry Programme of Indian Council of Medical Research for the last one decade, oral cancers have been more or less stable, except for men at Madras where it has shown a slight increase. Tobacco use in the major cause of Oral Cancer in the entire country.

(c) and (d) Yes, Sir. The following steps have been taken by the Government for treatment of cancer patients and eradication of oral cancer:

(i) Radiotherapy Surgery and Chemotherapy are the major modalities for treatment of cancer including Oral Cancers. There are 214 Radiotherapy units in the Country for Treatment of Cancer.

(ii) As per the Cigarettes (Regulation of Production, Supply & Distribution) Act, 1975, it is mandatory to display health warning on all cartoons/ packets of Cigarettes.

(iii) Under the Prevention of Food Adulteration Rules, 1995, a warning 'Chewing of Tobacco is injurious to Health' is mandatory on chewing Tobacco Products.

(iv) Direct advertisement relating to Tobacco or Tobacco Products are prohibited on Doordarshan and All India Radio.

(v) The Government has advised the State Governments to discourage the consumption of products containing chewing Tobacco including Gutka. They have also been advised to ensure that Tobacco Products are not sold around Educational Institutions such as School, Colleges.

(vi) Under the National Cancer Control Programme, emphasis is being given on awareness and early detection Cancer.

**Disease Surveillance Programme (DSP) in Gujarat**

1881. SHRI AHMED PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Disease Surveillance Programme (DSP) has been started in some parts of Gujarat;

(b) if so, the details thereof;

(c) whether DSP is to be extended throughout the State; and

(d) if not, the reason therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) Disease Surveillance Programme had been started in District Mehsana of Gujarat, and has been extended to the Districts of Banaskantha and Surat.

(c) and (d) At present there is no proposal to extend DSP to all the Districts of the State of Gujarat.

**Pre-Medical Test for admissions in Maharashtra**

1882. DR. SHRIKANT RAMCHANDRA JICHKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that since a Pre-Medical Test has been suddenly declared in Maharashtra for medical admissions, the students who had prepared so hard for the 12th examination are now put to great difficulties;

(b) whether Government are also aware that Government have no expertise in conducting examinations and therefore the PMT is likely to be a great farce; and

(c) what would Central Government do to surmount this problem?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) As per information received from Govt. of Maharashtra, pursuant to the orders of the Supreme Court in W.P. No. 649/97 Ravindra Kumar Rai Vs. State Maharashtra & Ors., it has become mandatory for the Govt. of Maharashtra to hold Pre-Medical Test for Medical Admissions.

(b) and (c) Govt. of Maharashtra is making all arrangements to conduct PMT pursuant to the Supreme Court Order. The State Government has constituted different High Level Committees to perform functions at different steps that are required to be undertaken to carry put Pre-Examination, examination and Post-Examination work. The experts in the field of education have been involved for this purpose.

**Rural hospitals in the North-East region**

1883. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of rural hospitals now working in the North-East region, Statewise;

(b) the main criteria for upgrading the rural hospitals from the primary health centres;

(c) whether Government are aware of the fact that most of primary health sub-centres opened on the present existing norms are not properly functioning due to lack of staff; and

(d) whether Government are not in a position to increase the ministerial staff of the Centre specially in the North-East region?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) In rural areas the following Institutions provide Hospital care to patients in North-eastern States;

| | No. of Community Health Centres | No. of Primary Health Centres |
|---|---|---|
| Assam | 105 | 619 |
| Arunachal Pradesh | 9 | 47 |
| Manipur | 16 | 72 |
| Meghalaya | 10 | 81 |
| Mizoram | 6 | 38 |
| Nagaland | 5 | 33 |
| Tripura | 11 | 56 |

(b) The upgradation of a Primary Health Centre to a Community Health Centre is done by the State Government keeping in view the targets fixed by the Planning Commission for establishing new Community Health Centre. The population norm for PHC's and for CHC's are as follows:

| Centre | Population | |
|---|---|---|
| | Plain area | Hilly/Tribal area |
| P.H.C. | 30,000 | 20,000 |
| C.H.C. | 1,20,000 | 80,000 |

(c) Yes, Sir. The Government is aware of the fact that some of the opened PHCs and Sub-centres in the North-Eastern region are not functioning as desired due to shortage of staff. Government is taking measures by launching Reproductive and Child Health Programme and various area projects in North-Eastern region to fill up the gap in the development.

(d) Being a State subject it is under the discretion of State Government to recruit the staff for Primary Health Centres, Sub-centres and Community Health Centres.